



Application for Change/Transfer of Water Right

For Ecology Use
(Date Stamp)

13 OCT 28 19:02

For filing with the Department of Ecology or with County Conservancy Boards

A NON-REFUNDABLE MINIMUM FEE OF \$50.00 MUST ACCOMPANY THIS APPLICATION
IF FILED WITH THE DEPARTMENT OF ECOLOGY

(Check all that apply.)

- ☐ Change purpose(s) of use
☐ Add purpose(s) of use
☒ Change point(s) of diversion/withdrawal
☐ Add point(s) of diversion/withdrawal
☐ Change/transfer place of use
☐ Other (i.e. consolidation, intertie, trust water)

Explain: _____

**IF MORE SPACE IS NEEDED, ATTACH ADDITIONAL
SHEETS (PLEASE PRINT OR TYPE CLEARLY)**

FOR OFFICIAL USE ONLY

DATE APPLICATION RECEIVED 10-28-13
CHECK NO. _____ FEE \$ 50.00
DATE ACCEPTED 11-1-2013 BY KY
CHANGE NO. C63-7008739(B)
COUNTY Grant WRIA 41
SPECIAL AREA _____
SEPA: ☒ EXEMPT ☐ NOT EXEMPT
ECY CODING: 001-002-WR10285-000011
APP NO. 873 PERMIT NO. —
CERT NO. 747-D(B) CERT OF CHG NO. _____

☐ I have participated in a pre-application conference with Ecology.

1. Applicant Information

APPLICANT/BUSINESS NAME <u>VAUGHN E. HUNSAKER</u>	PHONE NO. <u>509.765.3854</u>	FAX NO. <u>—</u>
ADDRESS <u>6335 WINEGAR RD NE</u>		
CITY <u>MOSES LAKE WA</u>	STATE <u>WA</u>	ZIP CODE <u>98837</u>
EMAIL ADDRESS (IF AVAILABLE) <u>hunsaker@scml.us</u>		

CONTACT (IF DIFFERENT FROM ABOVE)	PHONE NO.	FAX NO.
ADDRESS		
CITY	STATE	ZIP CODE
EMAIL ADDRESS (IF AVAILABLE)		

LEGAL LAND OWNER or PART OWNER OF PROPOSED PLACE OF USE <u>VAUGHN & LOYE HUNSAKER</u>	PHONE NO. <u>509.52.2798</u>	FAX NO. <u>—</u>
ADDRESS <u>6335 WINEGAR RD NE</u>		
CITY <u>MOSES LAKE</u>	STATE <u>WA</u>	ZIP CODE <u>98837</u>
EMAIL ADDRESS (IF AVAILABLE) <u>hunsaker@scml.us</u>		

2. Water Right Information

WATER RIGHT OR CLAIM NUMBER <u>747-D(B)</u>	RECORDED NAME(S) <u>VAUGHN E. & LOYE W. HUNSAKER</u>
DO YOU OWN THE RIGHT TO BE CHANGED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
IF NO, PROVIDE OWNER(S) NAME and ADDRESS: _____	
HAS THE WATER BEEN PUT TO BENEFICIAL USE IN THE LAST FIVE (5) YEARS? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	

Please attach copies of any documentation that demonstrates consistent, historical use of water since the right was established.
Also, if you have a water system plan or conservation plan, please include a copy with your application.

5965689

3. Point(s) of Diversion/Withdrawal:

A. Existing

SOURCE	NO.	1/4	1/4	SEC.	TWP.	RGE.	PARCEL #	WELL TAG #
A WELL		SW	SW	19	19	28	170754000	-

B. Proposed

SOURCE	NO.	1/4	1/4	SEC.	TWP.	RGE.	PARCEL #	WELL TAG #
A WELL		SE	SW	19	19	28	170756001	-

DO YOU OWN THE EXISTING AND PROPOSED POINT(S) OF DIVERSION/WITHDRAWAL? w/ Vaughn KY

EXISTING: ☐ YES ☒ NO PROPOSED: ☒ YES ☐ NO - IF NO, PROVIDE OWNER(S) NAME: _____

Please include copies of all water well reports involved with this proposal. Also, if you know the distances from the nearest section corner to the above point(s) of diversion/withdrawal, please include that information in Item No. 6 (remarks) or as an attachment.

4. Purpose of Use:

A. Existing

PURPOSE OF USE	GPM or CFS	ACRE-FT/YR	PERIOD OF USE
SEASONAL IRRIGATION	1056PM	22	IRRIGATION SEASON

B. Proposed

PURPOSE OF USE	GPM or CFS	ACRE-FT/YR	PERIOD OF USE
SAME	1056PM	22	IRRIGATION SEASON

5. Place of Use:

A. Existing

LEGAL DESCRIPTION OF LANDS WHERE WATER IS PRESENTLY USED:

SEE ATTACHED

1/4	1/4	SEC.	TWP.	RGE.	COUNTY	PARCEL #	# OF ACRES
SE	NW	19	19	28	GRANT	14168001	4.88

DO YOU OWN ALL THE LANDS IN THE EXISTING PLACE OF USE? ☒ YES ☐ NO

IF NO, PROVIDE OWNER(S) NAME: _____

B. Proposed

LEGAL DESCRIPTION OF LANDS WHERE NEW USE IS PROPOSED:

SEE ATTACHED

- No Chg. - per phone conv. 11-4 KY

1/4	1/4	SEC.	TWP.	RGE.	COUNTY	PARCEL #	# OF ACRES
-----	-----	------	------	------	--------	----------	------------

DO YOU OWN ALL THE LANDS IN THE PROPOSED PLACE OF USE? ☒ YES ☐ NO

IF NO, PROVIDE OWNER(S) NAME: _____

Attach a detailed map of your proposed change/transfer. The map should show existing and proposed point(s) of diversion/withdrawal, place of use and any other features involved with this application. If platted property, please include a certified copy of the plat map.

Are there any ADDITIONAL WATER rights OR CLAIMS RELATED to the same property as the ONE PROPOSED FOR CHANGE/TRANSFER?

☐ ES ☒ NO - IF YES, PROVIDE THE WATER RIGHT/CLAIM NUMBER(S): _____

6. Remarks and Other Relevant Information:

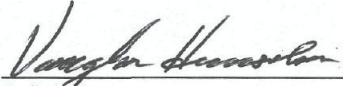
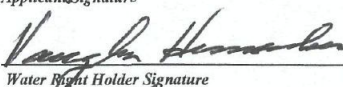
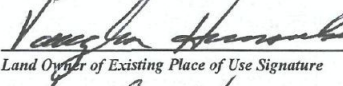
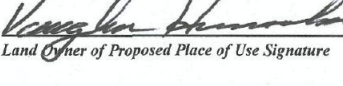
BOTH WELLS ARE OLD HAND - NO
WELL WITH NO LOGS

IF FOR SEASONAL OR TEMPORARY, START DATE ____/____/____ END DATE ____/____/____

Certain applications may incur a Real Estate Excise Tax liability for the seller of the water rights. The Department of Revenue has requested notification of potential taxable water right related actions and therefore may be provided with a copy of this request. For further information, contact: Department of Revenue, Real Estate Excise Tax, PO Box 47477, Olympia, WA 98504-7477. Phone (360) 570-3265.

7. Signatures:

I certify that the information above is true and accurate to the best of my knowledge. I understand that in order to process my application, I hereby grant staff from the Department of Ecology or the County Conservancy Board access to the above site(s) for inspection and monitoring purposes. If assisted in preparing this above application, I understand that all responsibility for the accuracy of the information rests with me.

<u>VAUGHN HUNSAKER</u> Applicant Printed Name - Title	 Applicant Signature	<u>10/21/2013</u> (Date)
<u>VAUGHN HUNSAKER</u> Water Right Holder Printed Name	 Water Right Holder Signature	<u>10/21/2013</u> (Date)
<u>VAUGHN HUNSAKER</u> Land Owner of Existing Place of Use Printed Name	 Land Owner of Existing Place of Use Signature	<u>10/21/2013</u> (Date)
<u>VAUGHN HUNSAKER</u> Land Owner of Proposed Place of Use Printed Name	 Land Owner of Proposed Place of Use Signature	<u>10/21/2013</u> (Date)

Please check the region in which the project is located:

*Submit your application to: DEPARTMENT OF ECOLOGY CASHIERING SECTION PO BOX 47611 OLYMPIA, WA 98504-7611	<input type="checkbox"/> Central Regional Office 15 W Yakima Avenue, Suite 200 Yakima, WA 98902 (509) 575-2490	<input checked="" type="checkbox"/> Eastern Regional Office 4601 N. Monroe Street Spokane, WA 99205-1295 (509) 329-3400
	<input type="checkbox"/> Northwest Regional Office 3190 - 160 th Avenue SE Bellevue, WA 98008-5452 (425) 649-7000	<input type="checkbox"/> Southwest Regional Office PO Box 47775 Olympia, WA 98504-7775 (360) 407-6300

WE ARE RETURNING YOUR APPLICATION FOR THE FOLLOWING REASON(S):

- | | |
|---|---|
| <input type="checkbox"/> APPLICATION FEE NOT ENCLOSED | <input type="checkbox"/> MAP NOT INCLUDED or INCOMPLETE |
| <input type="checkbox"/> ADDITIONAL SIGNATURES REQUIRED | <input type="checkbox"/> SECTION _____ IS INCOMPLETE |
| <input type="checkbox"/> OTHER/EXPLANATION: _____ | |

STAFF: _____ DATE: ____/____/____

Point(s) of Diversion/Withdrawal - ☐ Existing ☐ Proposed:DO YOU OWN THE ABOVE POINT(S) OF DIVERSION/WITHDRAWAL? ☐ YES ☐ NOPurpose(s) of Use - ☐ Existing ☐ Proposed:Place of Use - ☐ Existing ☐ Proposed:

¼	¼	SEC.	TWP.	RGE.	COUNTY	PARCEL #	# OF ACRES
---	---	------	------	------	--------	----------	------------

DO YOU OWN ALL THE LANDS IN ABOVE PLACE OF USE? ☐ YES ☐ NO

ECY 040-1-97 (Rev. 02/12)